

DEC 12 2002

Practitioner's Docket No. 49122 (47927)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: L. Hammerstrom et al.

Application No.: 09/521,742 Group No.: 1642

Filed: March 9, 2000 Examiner: A. Harris

For: MATRIX PROTEIN COMPOSITIONS FOR INDUCTION OF APOPTOSIS

RESPONSE UNDER
37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP
1642

Box AF

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT OR RESPONSE AFTER FINAL REJECTION—TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

(complete (a) or (b), as applicable)

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Susan M. Dillon
Signature

Date: 8/8/02

Susan M. Dillon
(type or print name of person certifying)

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(a) [] Applicant petitions for an extension of time under 37 C.F.R. § 1.136
(fees: 37 C.F.R. § 1.17(a)(1)-(4)) for the total number of months checked below:

	Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> []	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> []	two months	\$ 390.00	\$ 195.00
<input type="checkbox"/> []	three months	\$ 890.00	\$ 445.00
<input type="checkbox"/> []	four months	\$ 1,390.00	\$6950.00

Fee: _____

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

[] An extension for _____ months has already been secured. The fee paid therefor of
\$____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

(b) [X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	11	Minus	20	= 0	x \$0 = \$0
Indep.	1	Minus	3	= 0	x \$0 = \$0
First Presentation of Multiple Dependent Claim			+ \$0 =	\$0	
			Total	Addit. Fee	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$ ____.
 Charge Account No_____ the sum of \$ _____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 04-1105.
If any additional fee for claims is required, charge Account No. 04-1105.

Christine C. O'Day
SIGNATURE OF PRACTITIONER

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